

EXHIBIT DDD –  
Defendants’ & Dr. Fryer’s  
Program of Veterinary Care

Clear Form

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED  
0579-0036

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
ANIMAL CARE

PROGRAM OF VETERINARY CARE

INSTRUCTIONS

For use of this form, see 9 CFR 2.40 (Animal Welfare Regulations, Title 9, Subchapter A, Part III, Subpart D, Section 2.40)

The attending veterinarian shall establish, maintain, and supervise programs of disease control and prevention, pest and parasite control, pre-procedural and post-procedural care, nutrition, euthanasia, and adequate veterinary care for all animals on the premises of the licensee/registrant. A written program of adequate veterinary care between the licensee/registrant and the doctor of veterinary medicine shall be established. By law, such programs must include regularly scheduled visits to the premises by the veterinarian. Scheduled visits are required to monitor animal health and husbandry.

This optional form or an equivalent format may be used to meet the requirement for a written Program of Veterinary Care. This form may be used as a guideline for developing and writing the veterinary care plan for your animals.

Pages or blocks which do not apply to the facility should be marked N/A. If the space provided is not adequate for a specific topic, additional sheets may be added. Ensure the additional sheets include Section and Item Numbers.

PAGE 1 of

SECTION I. PROGRAM ESTABLISHMENT

A. LICENSEE/REGISTRANT		B. VETERINARIAN
1. NAME Jeff Lowe		1. NAME Alyson Fryer
2. BUSINESS NAME N/A -		2. CLINIC NAME HolistiVet
3. USDA LICENSE/REGISTRATION NUMBER N/A -		3. STATE LICENSE NUMBER 4816
4. STREET MAILING ADDRESS 21469 Jimbo Rd		4. BUSINESS ADDRESS 202 Thompson Dr.
5. CITY, STATE, AND ZIP CODE Thackerville, OK 73459		5. CITY, STATE, AND ZIP CODE Norman OK 73069
6. HOME TELEPHONE 405-207-4362	7. BUSINESS TELEPHONE 405-207-4362	6. BUSINESS TELEPHONE 405-402-6779

We have read and completed this Program of Veterinary Care and understand our responsibilities.

Regularly scheduled visits by the veterinarian will occur at the following frequency: every 30 days

C. NOTES

☐ check if not applicable

**SECTION III. WILD AND EXOTIC ANIMALS**

PAGE 3 of

**A. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF THE VACCINATIONS (enter N/A if not applicable)**

CARNIVORES - See attached List

HOOFED STOCK - See attached List

PRIMATES - See attached List

ELEPHANTS N/A

MARINE MAMMALS N/A

OTHER (specify) - see attached List

**B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING**

1. ECTOPARASITES (fleas, ticks, mites, lice, flies) Monthly to seasonal flea + tick preventative for all applicable species as directed by veterinarian. Frontline, Revolution, Comfortis

2. BLOOD PARASITES Will implement heartworm prevention + tick + flea prevention in any susceptible species as well as test once a year, once a month Hup, once a month flea tick prev. as instructed by Vet.

3. INTESTINAL PARASITES Fecal sampling from all species every 12 months. Fenbendazole or pyrantel, Moxidectin will be prescribed as needed. yearly deworming will occur as well dependant on species & Vet instruction

**C. EMERGENCY CARE**

1. DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE

The veterinarian of record is available for either ER on site visits or if needed ER Tx at ER in OKC. Alternative Exotic ER in granado mills Texas.

2. DESCRIBE CAPTURE AND RESTRAINT METHOD(S)

Animal will be isolated + corralled by trained staff and directed to respective cage if escaped. If unable to do this a veterinarian will be called into sedate animal.

**D. EUTHANASIA**

1. SICK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THEIR ATTENDING VETERINARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DEFINITION OF EUTHANASIA IN THE ANIMAL WELFARE REGULATIONS, WHICH ALLOWS FOR THE USE OF HUMANE METHODS THAT EITHER:

- PRODUCE RAPID UNCONSCIOUSNESS AND SUBSEQUENT DEATH WITHOUT EVIDENCE OF PAIN OR DISTRESS, OR
- UTILIZE ANESTHESIA PRODUCED BY AN AGENT THAT CAUSES PAINLESS LOSS OF CONSCIOUSNESS AND SUBSEQUENT DEATH.

APPROPRIATE METHODS MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE DESCRIBED IN THE "AVMA GUIDELINES FOR EUTHANASIA OF ANIMALS".

EUTHANASIA WILL BE CARRIED OUT BY THE: ☒ VETERINARIAN ☐ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA Any animal that a veterinarian recommends euthanasia will be given an IM inj of sedative + an IV injection of euthanasia solution.

**E. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE:**

<input checked="" type="checkbox"/> PEST CONTROL AND PRODUCT SAFETY	<input checked="" type="checkbox"/> ENVIRONMENT ENHANCEMENT (estimated)
<input checked="" type="checkbox"/> QUARANTINE PROCEDURES	<input type="checkbox"/> WATER QUALITY (marine mammals) N/A
<input checked="" type="checkbox"/> ZOOZOSES	<input checked="" type="checkbox"/> SPECIES-SPECIFIC BEHAVIORS
<input type="checkbox"/> OTHER (specify) _____	<input checked="" type="checkbox"/> PROPER STORAGE AND HANDLING OF DRUGS AND BIOLOGICS
	<input checked="" type="checkbox"/> PROPER USE OF ANALGESICS AND SEDATIVES

**F. LIST THE SPECIES SUBJECTED TO TUBERCULOSIS TESTING AND THE FREQUENCY OF SUCH TESTS**

all nonhuman primates once a year

APHIS FORM 7002  
APR 2018



SECTION 1: OTHER WARMBLOODED ANIMALS

PAGE 4 of

**A. INDICATE SPECIES**

See attached List

**B. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY (enter N/A if not applicable)**

See attached List

**C. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING**

1. ECTOPARASITES (fleas, ticks, mites, lice, flies) Revolution or Frontline monthly for all susceptible animals with outdoor exposure

2. INTERNAL PARASITES (helminths, Coccidia, other) Fecal Sampling from all species every 3 months

**D. EMERGENCY CARE - DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE**

The veterinarian of Record is available for either ER on site visits or if needed ERTx at ER hospital in OKC or Local Eq. Animal Vet in Thackerville

**E. EUTHANASIA**

1. SICK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. LICENSEES AND REGISTRANTS, IN CONSULTATION WITH THEIR ATTENDING VETERINARIANS, CAN USE METHODS OF EUTHANASIA THAT MEET THE DEFINITION OF EUTHANASIA IN THE ANIMAL WELFARE REGULATIONS, WHICH ALLOWS FOR THE USE OF HUMANE METHODS THAT EITHER:

- o PRODUCE RAPID UNCONSCIOUSNESS AND SUBSEQUENT DEATH WITHOUT EVIDENCE OF PAIN OR DISTRESS, OR
- o UTILIZE ANESTHESIA PRODUCED BY AN AGENT THAT CAUSES PAINLESS LOSS OF CONSCIOUSNESS AND SUBSEQUENT DEATH.

APPROPRIATE METHODS MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE DESCRIBED IN THE "AVMA GUIDELINES FOR EUTHANASIA OF ANIMALS".

EUTHANASIA WILL BE CARRIED OUT BY THE: ☒ VETERINARIAN ☐ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA If euthanasia is deemed necessary then a veterinarian will give a sedative injection & IV injection of euthanasia solution.

**F. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE:**

<input checked="" type="checkbox"/> PASTEURELLOSIS	<input checked="" type="checkbox"/> SPECIES SEPARATION
<input checked="" type="checkbox"/> PODODERMATITIS	<input checked="" type="checkbox"/> MALOCCLUSION/OVERGROWN INCISORS
<input checked="" type="checkbox"/> CANNIBALISM	<input checked="" type="checkbox"/> PEST CONTROL AND PRODUCT SAFETY
<input type="checkbox"/> WET TAIL N/A	<input checked="" type="checkbox"/> HANDLING
<input type="checkbox"/> OTHER (specify) _____	

APHIS FORM 7002  
APR 2015

Section III and IV. Wild and Exotic Animals, other warm  
blooded WarmBlooded Animals

A. Yearly Vaccinations

**Carnivores:**

***Puma Concolor***

1. Rabies (IMRAB), FVRCP, FelV (Fel-O-Vax)

***Lynx Rufus***

1. Rabies (IMRAB), FVRCP, FelV (Fel-O-Vax)

***Lynx Canadensis***

1. Rabies (IMRAB), FVRCP, FelV (Fel-O-Vax)

***Panthera Leo***

1. Rabies (IMRAB), FVRCP, FelV (Fel-O-Vax)

***Panthera Onca***

1. Rabies (IMRAB), FVRCP, FelV (Fel-O-Vax)

***Panthera Tigris***

1. Rabies (IMRAB), FVRCP, FelV (Fel-O-Vax)

***Panthera leo x P. tigris***

1. Rabies (IMRAB), FVRCP, FelV (Fel-O-Vax)

***Caracal caracal***

1. Rabies (IMRAB), FVRCP, FelV (Fel-O-Vax)

***Canis lupus***

1. Rabies(IMRAB), DHPPC (Nobivac-Canine -1)

***Canis aureus***

1. Rabies(IMRAB), DHPPC (Nobivac- Canine -1)

***Canis latrans***

1. Rabies (imrab), DHPPC (Nobivac-Canine-1)

***Otocyon megalotis***

1. Rabies (Imrab 3), Ferret Distemper Vx  
(Purevax)

***Vulpes vulpes***

1. Rabies (Imrab 3), Ferret Distemper Vx  
(Purevax)

***Vulpes lagopus***

1. Rabies (Imrab 3), Ferret Distemper Vx  
(Purevax)

***Mustela putorius furo***

1. Rabies (Imrab 3), (Purevax) Ferret Distemper Vx

***Martes pennant***

1. Rabies (Imrab 3), (Purevax) Ferret Distemper Vx

**Hoofstock:**

***Lama pacos***

1. CD/T (Bar Vac), Rabies (Imrab)

***Capra hircus***

1. CD/T (Bar Vac), Rabies (Imrab)

***Sheep***

1. CD/T (Bar Vac), Rabies (Imrab)

***Camelus dromedarius domestic***

1. CD/T (Bar Vac), Rabies (Imrab)

**Primates:**

***Lemur catta***

***Saguinus midas***

***Callithrix jacchus***

***Northern Lesser Bushbaby***

***Macaca mulatta***

***Macaca nemestrina***

1. TB test yearly
2. Rabies vaccine
3. Tetanus toxoid (every 5 years)

**Other:**

***Hystrix cristata***

1. Rabies (Imrab)

***Potos flavus***

1. (Purevax) Ferret Distemper
2. Rabies (Imrab)



3. FVRCP(Fel-o-Vax PCT + Calici)

***Procyon lotor***

1. (Purevax) Ferrert Distemper
2. Rabies (imrab)
3. FVRCP (Fel-o-Vax PCT + Calici)